

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	8/22
FORMALITY REVIEW	<i>[Signature]</i>		6-22-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	X	N	
2	X	N	
3	X	N	
4	X	N	
5	X	N	
6	X	N	
7	X	N	
8	X	N	
9	X	N	
10	X	N	
11	X	N	
12	X	N	
13	X	N	
14	X	N	
15	X	N	
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26	X	N	
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36	X	N	
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42	X	N	
43	X	N	
44	X	N	
45	X	N	
46	X	N	
47	X	N	
48	X	N	
49	X	N	
50	X	N	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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